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PEACEKEEPING OPERATIONS:
PSYCHOLOGICAL PREPARATION

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Prepared By:

MAJ Paul T. Bartone, Ph.D. & Amy B. Adler, Ph.D.
US ARMY MEDICAL RESEARCH UNIT-EUROPE
HEIDELBERG, GERMANY

ALBANIA
APRIL 1995

OVERVIEW

•PURPOSE:

To discuss psychological stresses associated with peacekeeping operations and methods for minimizing or alleviating them.

•PRESENTATION OUTLINE:

- INTRODUCTION
- PRE-DEPLOYMENT ISSUES
- LEADER EDUCATION
- MODEL OF PSYCHOLOGICAL ISSUES
- DEPLOYMENT ISSUES
- PSYCHOLOGICAL REACTIONS
- RE-DEPLOYMENT
- ALBANIAN APPLICATIONS
- INTERNATIONAL RESEARCH
- CONCLUSIONS

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INTRODUCTION

- UNITED STATES ARMY MEDICAL RESEARCH UNIT-EUROPE

LOCATION: Heidelberg, Germany since 1977

AFFILIATION: Walter Reed Army Institute of Research

MISSION: Sustain/optimize mission readiness research on soldiers & families

- FUNCTIONS

Research on human dimensions that affect soldier health and performance
Provide consultation and information to leaders, policy makers, and scientists
Provide liaison with other nations

- PREVIOUS PROJECTS

Gulf War Research with Forward-deployed Force (1991)
U.S. Army Europe Personnel Opinion Surveys

- AFFILIATED STUDIES

Gulf War Research with U.S.-based Force (1991)
Somalia Study Conducted by Wrair (1994)

RECENT AND ONGOING PROJECTS AT USAMRU-E

•CROATIA STUDY (1993)

Medical unit on 6-month deployment as part of U.N. Operation Provide Promise
Pre-, mid-, and post-deployment surveys, observation, interviews; Family component

•MACEDONIA STUDY (1993)

Border patrol unit on 6-month deployment as part of U.N. Operation Able Sentry
Post-deployment survey

•KUWAIT STUDY (1994)

Rapid response units on deployment as part of U.S. Operation Vigilant
Late-deployment survey, observation, selected interviews

•SAUDI ARABIA STUDY (1995)

Patriot battalion on 5-month deployment as part of U.S. Operation Desert Vigilance
Pre-, mid-, and post-deployment surveys, observation, selected interviews

•IVORY COAST STUDY (1995)

Medical Unit on 2-week deployment as part of humanitarian assistance project
Pre- and post-deployment surveys on Telemedicine

•RWANDA STUDY (1995)

Engineering & support units on 4-month deployment as part of U.N. Operation Support Hope
Follow-up survey, command consultation to European Command

PRE-DEPLOYMENT ISSUES

- SOLDIER ROLE IDENTITY: Warrior vs. Peacekeeper
- SELECTION ISSUES: Medical & Psychosocial Factors
- LEADER TRAINING: Stressors, Symptoms, & Prevention
- COMMUNICATION: Preparation, Education & Expectations
Reduce Uncertainty & Confusion
- TEAM BUILDING: Symbols of Unit Integrity & Pride
Mission Importance & Clarity
Caring Leaders
- REAR DETACHMENT: Meet Needs at Home
Provide Communication Link
- FAMILY SERVICES: Information, Preparation, Support & Outreach

SOLDIER ROLE IDENTITY

- DIFFERENT MISSIONS

- Peacekeeping
 - “Peacemaking”
 - Humanitarian Assistance
 - Contingency - Defensive Force
 - Contingency - Offensive Force

- MANY MISSIONS ARE MULTI-FACETED

- Peacekeeping turns to Peacemaking
 - Defensive turns to Offensive
 - Humanitarian turns to Peacemaking
 - Terrorism possible
 - Multinational Forces

- TRAINED, PROFESSIONAL, DISCIPLINED SOLDIERS CAN ADAPT

- Special mission-tailored training helps
 - Teach restraint, control
 - Teamwork
 - Responsive accessible leaders

SELECTION ISSUES

- PHYSICALLY FIT, SCREEN FOR MAJOR HEALTH PROBLEMS
- SCREEN FOR DRUG, ALCOHOL ABUSE
- FAMILY ISSUES
 - Family care plans
 - Ongoing psychosocial problems
- USE VOLUNTEERS WHEN POSSIBLE
- USE OLDER SOLDIERS WHEN POSSIBLE

Basic physical & psychological “screening” should be routine,
not just prior to deployment

Training deployments can reveal hidden problems

High in self-control, tolerance for ambiguity (from Scandinavian studies)

LEADER EDUCATION

•COMMON TO ALL DEPLOYMENTS

Mission Purpose & Clarity
Family Support

•PEACEMAKING OPERATIONS

Battle Fatigue & PTSD
Death and Trauma
Sleep Discipline & Sustained Operations
Culture Shock

•PEACEKEEPING OPERATIONS

Boredom & Uncertainty
Misconduct Combat Stress Behaviors

•HUMANITARIAN ASSISTANCE OPERATIONS

Anticipation & Preparation
Maintaining Readiness

TEAM BUILDING

- GOALS: Create/enhance military unit cohesion
 - Improve communication
 - Improve group performance
 - Increase group resiliency

•BACKGROUND

Every “peacekeeping” mission is different
Different number & type of military units needed for each operation
Success depends on teamwork & cooperation

- PROBLEM: Establish unit cohesion in newly configured Task Force

•SOLUTION

Once unit membership is known, start meeting & training together
Commander: assemble key leaders to discuss mission, roles
Commander: key leaders conduct soldier & family debriefings, with discussion-question period
Include key rear detachment personnel
Provide distinctive insignia for all members to wear during mission

A MODEL FOR PSYCHOLOGICAL ISSUES IN PEACEKEEPING OPERATIONS: STRESSORS

•ISOLATION

Physically Remote; Communication Difficult;
Culturally Different; Newly Configured Units

•AMBIGUITY

Mission Definition; Unclear Command Structure;
Role Confusion (Soldier vs. Peacekeeper)

•POWERLESSNESS

Rules-of-Engagement Restrictions; Limited Activity;
Cultural/Language Barriers; Relative Deprivation

•BOREDOM/TEDIOUS or EXISTENTIAL BOREDOM

Repetition & Predictability; Lack of Work; Change in Expectations

•THREAT/DANGER

Threat of Harm (Terrorists, Mines, Snipers, Disease);
Psychological Threat (Exposure to Suffering)

A MODEL OF PSYCHOLOGICAL ISSUES IN PEACEKEEPING OPERATIONS: COUNTER MEASURES

•ISOLATION

Activities, Cohesion & Communication
Information Flow, Newsletters, Media, E-mail, AFN
Generate sense that mission is important, part of something larger

•AMBIGUITY

Rule, Role & Command Clarification (Communication),
Command Briefings, Country Briefings

•POWERLESSNESS

Rules-of-Engagement, Benefits
Transformational Coping

•BOREDOM/TEDIOUS or EXISTENTIAL BOREDOM

Creative Training & Responsibility
Education & Compensatory Self-Improvement

•THREAT/DANGER

Training, Equipment, Policies, Ill treatment of Victims

ADDITIONAL DEPLOYMENT ISSUES

•DEALING WITH INTERNATIONAL COMMUNITY

- Good relations
- Social contact
- Benefits
- Cultural discomfort

•RECOGNITION & AWARDS

- Media coverage
- Ribbons

•FAMILY SERVICES

- Support groups, Newsletter
- Communication support (Telephone, Mail, E-mail, Videotape messages)
- Address issues of most concern (Safety, Uncertainty)
- Acknowledge family's experience through regular contact
- Resources
- Referral

PRE-DEPLOYMENT ENVIRONMENT: MILITARY SUPPORT ACTIVITIES

•COUNSELING

- Chaplain services
- Family counseling
- Financial counseling

•COMMUNITY INVOLVEMENT

- Units participate in local activities
- Military open houses

•INVOLVEMENT OF MILITARY FAMILIES

- Family days
- Social events

•DOCUMENTS

- Manuals, Pamphlets, Guides
- Soldier & Family Handbooks

POTENTIAL PROBLEMS DURING DEPLOYMENT

- ALCOHOL ABUSE
- CONFLICT WITH OTHER FORCES
Especially with Those from Different Background
Impact of Relative Deprivation
- DEHUMANIZATION OF NATIONALS
- OVER-REACTION TO PROVOCATION
- HEALTH PROBLEMS
Sexually Transmitted Disease (HIV etc)
Pregnancy
- HOMESICKNESS
- DEPRESSION (Self-injury)
- EARLY REPATRIATION

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POTENTIAL REACTIONS AFTER DEPLOYMENT

- CLINICAL OR SUBCLINICAL SYMPTOMS OF DEPRESSION, ANXIETY
- FAMILY PROBLEMS & CONFLICT
- STRESS REACTIONS MANIFESTED IN PHYSICAL SYMPTOMS
- ACUTE STRESS REACTION
- POST-TRAUMATIC STRESS DISORDER
- AGGRESSION
 - Increased risk for violent sudden death by car accidents & suicides (Scandinavian data)
- INCREASED SUBSTANCE USE (ALCOHOL)
 - Risk of high rate of alcohol use after U.N. mission

POST-TRAUMATIC STRESS DISORDER

DSM-IV DIAGNOSTIC CRITERIA

•EXPOSURE TO THREATENING EVENT & INTENSE FEAR REACTION

•SYMPTOMS

•Reexperiencing (at least one):

Intrusive memories, dreams, flashbacks, distress at symbols

•Avoidance (at least three):

Avoid memories & associations, lack of recall, less interest, detachment from others, restricted affect, sense of limited future

•Arousal (at least two):

Sleep trouble, angry, trouble concentrating, hypervigilant, startled easily

•COURSE: Duration of more than one month; Disrupts functioning

•TYPE: Acute, Chronic, Delayed

POST-TRAUMATIC STRESS DISORDER

- ASSESSMENT:** Group screening instruments, clinical interviews
- TREATMENT:** Cognitive-behavioral therapy, medication, group treatment, psychodynamic therapy, hypnosis
- PREVENTION:** Stress inoculation, buddy aid, organizational support, expectations
- RISK FACTORS:** Repeat trauma, chronic stress, lack of social support, lack of disclosure
- ISSUES:** Parallel to abuse history, Alternative treatments (Rapid Eye Movements)
- ACUTE STRESS REACTION**
Similar to PTSD, trauma, dissociation, reexperiencing, avoidance, anxiety, distress
Course: 2 days to 4 weeks.

(COMBAT) STRESS RESPONSE

•MILD RESPONSE

Symptoms: palpitations, sweating, frequent urination, acute diarrhea, nausea/vomiting, trembling hands and feet, hyperventilation, anger, fatigue without apparent cause, anxiety, lack of concentration, crying, uneasiness, frightening dreams

Treatment: Rest, ventilate, stress management for self-aid, buddy aid. Can probably return to unit that day.

•MODERATE RESPONSE

Symptoms: aimlessness, shaking, immobility, rapid speech, excited gestures, agitation, urge to fight without reason, lack of regard for personal care, partial amnesia, fear of sleep and nightmares

Treatment: Same as for mild case plus extra attention, stress debriefing, consultation with professionals. Can probably return to unit within days.

•SEVERE RESPONSE

Symptoms: loss of sensory/motor functions, hallucinations, extreme expressions of pain, uncontrolled threatening behavior, apathy

Treatment: Same as for mild and moderate cases plus possible removal to rear, or evacuation. Possibly will not be returned to unit.

RE-DEPLOYMENT ISSUES

•DEBRIEFING

•UNIT ACTIVITIES

- Reunion briefing
- Reintegrate in partial deployments
- Cultural reintegration
- Make date for unit reunion
- Provide roster with names and addresses
- Provide referral information
- Provide aftercare (talk to people, be present at reunion, call those who don't show)

•FAMILY SUPPORT

- Reunion education
- Counseling

•FAMILY CONFLICT

ROLE OF PSYCHOLOGISTS ON DEPLOYMENT

- "HUMAN DIMENSIONS" RESEARCH
- COMMAND CONSULTATION & FEEDBACK
- UNIT CLIMATE ASSESSMENT
- STRESS CONTROL TEAM
- PSYCHOLOGICAL SERVICES (MOBILE)
- DEBRIEFING

SOMALIA STUDY

based on Gifford (1993)

•OPERATION RESTORE HOPE (JAN - MAR 1993)

Light Infantry

Interviews, unit observations

•MAJOR STRESSORS

Indefinite tour length

Lack of communication (slow mail & poor telephone access)

Mission creep (expanding mission without formal redefinition)

Rules of engagement (safe havens for bandits)

Doubts about mission (futile, hostile, forgotten)

•ISSUES

Feelings about Somalis (mixed feelings, wanted to like them)

Gender issues (worked well, family style, resent tent segregation)

Functioning (pride, low mental health usage, few discipline problems)

Exposure to death/disease (not much exposure, handled well)

Combat risk (matter-of-fact acceptance, few casualties initially)

Harsh physical environment (pride in adaptation, relative deprivation issue)

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SOMALIA STUDY (continued)

•OPERATION CONTINUE HOPE (JUL 93)

Light Infantry (arrived late spring)
Interviews, large group discussions, surveys

•MAJOR STRESSORS

Pre-deployment misconceptions (lack of knowledge of Somali culture)
Doubts about mission (especially after bloody conflicts)
Mission confusion/resentment (humanitarian vs. combat)
Combat risk (increased from winter)
Want acknowledgment/recognition (bitter toward media)
Rules of engagement (adds to vulnerability)
Hostility toward Somalis increasing (85% shot at, 73% insulted/gestured)
Relative deprivation

•DOING WELL BUT HIGH STRESS

Functioning
Reasonable morale
Fewer symptoms (BSI) than during Gulf War

INTERNATIONAL EXPERIENCE: A SELECTED OVERVIEW

- GERMANY

- THE NETHERLANDS

- NORWAY

- FRANCE

- SWEDEN

- IRELAND

GERMANY

based on Kornhuber (1994)

•SOMALIA STUDY (OCT 93 - JAN 94)

Two overlapping contingents (1700 and 1300 soldiers)

Team of psychologists

Studied repatriation

1st contingent had 30-40 repatriations for psychological reasons

2nd contingent had 4 repatriations for psychological reasons

•POSSIBLE EXPLANATIONS FOR 1ST CONTINGENT'S REACTIONS

Rushed recruiting

First "out-of-area" deployment (leading to discomfort & fears)

Initial public ambivalence in support of the mission

Poor family support

Inadequate financial motivation

•PSYCHOLOGICAL REACTIONS

Drug use (Cannabis & Alcohol)

Depression (homesickness, missing partner) MEDEVAC

Stress

THE NETHERLANDS

based on Wertheim (1994)

•FORMER YUGOSLAVIA STUDY (FEB 92 - JAN 94)

Signal and Transportation Battalions on 6-month deployments

4.4% Repatriated (140 out of 3220)

13 non-functioning

36 medical

14 psychological

17 social

60 disciplinary

•EXPLANATION OF REPATRIATION DATA

Low rates for psychological reasons

Every battalion has own psychologist

Extensive pre- and post-deployment stress evaluation

Discipline-related repatriation

Conscripts had higher rates of return (53%) than 'short contract' soldiers (36%)

Most problems related to 'soft drugs' (OK in Netherlands, not in UN)

Most evacuations by commercial airline

Over 2 years, 23 mission casualties (3 fatal, 3 disabled)

THE NETHERLANDS

based on Willigenburg (1994)

•GOAL (since 93)

Screening procedure for deployment of conscripts to the former Yugoslavia
Prevent adjustment problems and limit risk of CSR or PTSD
Interview and Questionnaire

•ASSESSMENTS

Styles of Coping:

UNIFIL volunteers with most 'aftercare' needs motivated by flight from home
Social Skills (and ability to express/process emotions)
Psychosocial Problems: Stress from home affects stability
Neuroticism (Personality problems): Influence CSR and adjustment
Other: Expectations, Addictions, Criminality, Tolerance, Identity, Locus of Control
Interview

•PRELIMINARY FINDINGS

Strong correlation between assessment rating & leader rating on deployment
1.5% of conscripts are repatriated and roughly 5% of volunteers
Conscripts are older & better educated than volunteers
Assessment of volunteers being planned

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NORWAY

based on Headquarters Defence Command (1992)

•LEBANON STUDY (78 - 91)

724 surveyed after 6-month deployment with UNIFIL

Surveyed repatriated & matched controls (medical, discipline & welfare reasons)

•CHARACTERISTICS OF REPATRIATED SOLDIERS

Introverted personality, limited social network, withdrawal

Poor childhood family situation, exposure to violence as a child

Greater number of stressful events in life

Greater increase in alcohol use during deployment (less before)

•OTHER FINDINGS

Repatriation rates considered low (530 out of 15,931)

Repatriated at greater risk for emotional problems upon return

Ceremony, help & follow-up upon repatriation may reduce risk

Positive benefits of UN service reported by 90% of all respondents

5% reported increased symptomatology

Less than 30% of soldiers who reported problems at redeployment were repatriated

Lower rates of UN-soldier stress syndrome associated with experience, intelligence, low death anxiety, no inner conflict, high military score

FRANCE

based on Doutheau, Lebigot, Moraud, Crocq, Fabre & Favre (1994)

•FORMER YUGOSLAVIA AND SOMALIA STUDY (92 - 93)

Many men volunteered longer than legal requirement
Interviews & Officer accounts

•ISSUES/FINDINGS

Loss of national identity by serving under UN flag, not positive reaction
Difficulty using English
Policy of non-intervention: mistakes can have serious political results
Fear of losing self-control compounds stress
Suffering, danger, determining who is good vs. bad, chaotic environment

•REPATRIATION

40 from former Yugoslavia; 2 from Somalia; 65% had support missions
None before 1st month of deployment, 24 between 1-3 months, 8 after leave
Diagnoses: 19 anxiety 10 behavioral (alcohol abuse, weapon use)
 7 acute psychosis 3 depression 1 dissociative disorder
Younger, less trained; In Somalia enemy clearer, less intense insecurity
30 return to duty
Recommended: group cohesion, information, psychiatric presence

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SWEDEN

based on Carlström data

•LEBANON STUDY (82 - 91)

152 surveyed (a Logistic Battalion) after 6-month deployment with UNIFIL
Study of low-intensity conflict and stress factors

•RESULTS

Generally good adjustment, few subgroup differences (e.g. rank)
Many found service monotonous and boring
Half reported increase in alcohol use
More stress reported than in study of medical company during Gulf War
Depression (28.6%), Sleep problems (13.2%), Anxiety (17%), Withdrawal (34.9%)

•UNIQUE STRESSORS

Uncertainty determining friend vs. enemy
Risk of being taken hostage, violent episodes of shooting & landmines
Certain level of stress at all times, few opportunities to relax
Many soldiers have emotional difficulty after they return home
Mediator not confronter: Maintaining neutrality, even when provoked
Aggressive thoughts may lead to guilt feelings
Difficult for relief workers & diplomats

IRELAND

based on Fields (1992)

•LEBANON STUDY (82 - 89)

Interviews with males (& some females) on 6-month deployments with UNIFIL
Deployment involved career military personnel, no psychology services
Focus on 33 Irish deaths during deployment

•FINDINGS

Relatively few psychiatric casualties (between European and African/Asian rates)
Mortality rate lower for age group than in Dublin, Ireland
Relatively small % killed-in-action, high % accidental death (compared to others)

FIJI COMPARISON: Served 2x as long as Europeans

Fijians had highest rate of traffic fatalities (compared to others)

Fijians had higher number of psychiatric cases than the Irish

•ISSUES

Sex-role issue: If masculinity is associated with aggression, how does it conflict with negotiation, passivity, tolerance, and disengagement needed in peacekeeping?
Soldiers tend to identify with local people & suffer stress as a result

CROSS-CULTURAL COMPARISON OF REPATRIATION

based on Weisaeth (1990)

•LEBANON STUDY (APR 78 - AUG 80)

UNIFIL Deployment

10 UN Infantry Battalions

394 or 1.6% of Total Force repatriated due to mental illness

•RATE COMPARISONS IN % PSYCHIATRIC ILLNESS

Norwegian & Dutch overrepresented in % of psychiatric illness

Fijian proportionately represented

Irish, French, Nigerian, Ghanese, Senegalese & Nepalese underrepresented

•FACTORS AFFECTING REPATRIATION RATES

Availability of Transport to Home Country

Western Industrialized Nations Willing to Report Symptoms vs. Perceived Stigma

Language Barrier, Religious & Cultural Norms Effect on Understanding Symptoms

Medical Willingness to Diagnose Psychiatric, Not Somatic Problem in Westerners

Sector Stress Differed

Volunteers (more from West) had more symptoms (because of high expectations?),

but professional soldiers had more role conflict & stress from boredom

U.N. SOLDIER'S STRESS SYNDROME

based on Weisaeth (1990)

•SYNDROME

Conflict between aggressive impulses & inability to express them

No personal predisposition

Imposed passivity when facing humiliation/threat => helplessness, less self-respect

A type of PTSD but: fear of losing control over one's aggression,
not fear of external threat

Task is to remain neutral despite provocation

Aggressive thoughts lead to guilt, suppression of anger

=> somatic complaints, conduct problems

Fear that errors can have serious political consequences

•IDENTITY CHANGE FROM WAR FIGHTER TO PEACEKEEPER

Balance fear with aggression, & behave covertly vs.

Maintain self-control & behave overtly

Fight/flight vs. control both impulses

U.N. SOLDIER'S STRESS SYNDROME

Issues

•DYNAMICS

- Limited ability to relate increases personal vulnerability & built up emotions
- Helplessness even worse for masculine identity
- Syndrome may be reaction against passivity

•ADAPTATION

- Beware of aggression or overidentification with one of the parties
- Beware projection of aggression on others, stereotyping, exaggeration
- Need balance in self
- Need to think in terms of long term goals
- At risk for being manipulated so need to be able to observe self & motives
- Need high level of autonomy & self-respect because parties may not respect them
- Possible positive effects on personality?

•ADDITIONAL QUESTIONS

- Impact of different types of UN missions?
- Impact of conscript vs. career soldier?
- Culture consistencies with conflict?

DEBRIEFING

- WHAT? Factual review in small groups following an event, not therapy
- WHY? Identify lessons for future, resolve misperceptions, provide healthy perspective, emphasize positives, normalize, allows for ventilation and closure
- WHO? Neutral outsider trained in debriefing and counseling & Unit Members
- HOW?
 - 1) Clarify: Confidentiality, Purpose, Introductions
 - 2) Construct Time line: Historical narrative, Experiences
 - 3) Allow for Ventilation & Normalize Reactions
 - 4) Summing up/Conclusions
 - 5) Follow-up

•ISSUES IN IMPLEMENTATION

Time, Place, Composition
Reluctance from Command
Common Myths

ALBANIA: CULTURAL CONSIDERATIONS

- What applies?
- Demographics?
- Historical enemies?
- Impact of isolation, relative lack of exposure to others?
- Identity?
- Military structure?
- Military's role in history?
- Military's role in culture?
- Impact of social organization (collectivism)?
- What is Albanian approach to grief?
- What is cultural understanding of psychology?
- Feelings about warrior identity?
- Feelings about joining NATO?
- Feelings about the international community?
- Attitudes of families/soldiers/politicians/journalists?

CONCLUSIONS: UNIVERSAL THEMES

- CHANGING IDENTITY: ADOPTING THE BLUE HELMET
- OVER TIME, DIFFERENT ISSUES & STRESSORS EMERGE
- AREAS FOR PREVENTION INCLUDE
 - Selection
 - Training for Soldiers & Leaders: The more prepared ahead of time, the better
 - Addressing Common Stressors & Deployment Type
 - Supporting Cohesion
 - Debriefing & Mental Health Resources

•STRESS REACTIONS

Most soldiers cope well; most experience some stress
Difficulties in adjustment include alcohol use, misconduct, repatriation

•A CHANGING ENVIRONMENT

Operation Tempo
Understanding the culture-specific & culture-universal

THANK YOU

FALEMINDERIT

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